

THE ATTIC

will be hosting

4 FREE FITNESS SESSIONS!!

Don't miss out on this amazing opportunity to work with some of the top professionals in the fitness world.

WEDNESDAYS 4:30-5:30 P.M.

ZUMBA

February 8th

from EveryBody's Pilates Studio

INTRO TO BREAK DANCING

February 15th

from "WeBreakHip-HopDanceCompany"

INTRO TO JIU JITSU

February 22nd

from Gracie Jiu-Jitsu Academy

PILATES

February 29th

from EveryBody's Pilate Studio

Sign up Deadline is 1 week prior to the class.
Must have completed waiver signed
before beginning class.

The classes will be held at **THE ATTIC** located at
2320 W. Carson Street
Torrance, CA 90501

TORRANCE COMMUNITY SERVICES DEPARTMENT
RECREATION DIVISION www.TorranceCA.Gov 310.618.2930

"Creating and Enriching Community through People, Programs and Partnership"

CITY OF TORRANCE

RELEASE AND WAIVER OF ALL LIABILITY AND ASSUMPTION OF RISK AGREEMENT

For good and valuable consideration, including permission to participate in **THE ATTIC** Teen Center and related activities, I, for myself, my successors, heirs, assigns, executors, administrators, spouse, and next of kin:

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that I fully understand that my child's participation may involve risk of serious injury or death, including economic losses, which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the facilities, equipment, or areas such as **FITNESS** (Karate, Jiu Jitsu, Kickboxing, Aerobics, Pilates, Yoga, etc.); **AND DANCING** (Break Dancing, Zumba, Hip-Hop, Modern, etc.), where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Assume any and all risk of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my child's participation in an event or activity;
4. Covenant not to sue, or present any claim for personal injury, property damages, or wrongful death against **THE ATTIC** Teen Center ("Permittee/Sponsor"), the City of Torrance, and their officers, employees and agents for damages attributable to my participation in the event or activity;
5. Release, waive, discharge and relinquish **THE ATTIC** Teen Center ("Permittee/Sponsor"), the City of Torrance and their officers, employees and agents from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies or videos of my child may be taken in connection with my child's participation in this program without compensation from the City of Torrance or Permittee/Sponsor and consent to the use of these photographs, pictures, slides, movies or videos for any legal purpose;
7. Warrant that my child is in good health and has no physical condition that would prevent him/her from participating in this program, or any of the special events or activities;
8. Acknowledge that the City of Torrance and Permittee/Sponsor are not joint sponsors, joint ventures, partners, or otherwise jointly engaged in any of the special events or activities that your child may attend.

I HEREBY RELEASE AND DISCHARGE THE CITY OF TORRANCE COMMUNITY SERVICES DEPARTMENT, AND EACH AND ALL OF THEIR AGENTS, CONTRACTORS AND EMPLOYEES FROM ANY LIABILITY WHATSOEVER, RESULTING FROM OR IN ANY MANNER ARISING OUT OF ANY INJURY OR DAMAGES WHICH MAY BE SUSTAINED ON ACCOUNT OF HIS/HER PARTICIPATION IN SAID ACTIVITY OR THE TRANSPORTATION IN CONNECTION THEREWITHIN. IN THE EVENT OF AN ACCIDENT OR OTHER EMERGENCY, WHEN A PARENT OR GUARDIAN IS NOT AVAILABLE, I HEREBY AUTHORIZE ANY PARKS AND RECREATION STAFF TO MAKE ARRANGEMENTS CONSIDERED NECESSARY FOR MY CHILD TO RECEIVE HOSPITAL OR MEDICAL CARE, INCLUDING, NECESSARY TRANSPORTATION.

THIS DOCUMENT RELIEVES THE CITY OF TORRANCE FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP ALL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARTICIPANT PRINTED NAME

PARTICIPANT PHONE NUMBER

PARTICIPANT E-MAIL